MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/535677

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.		AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	/						51						
2		/					52						
3	/						53						
4		/					54						
5	/						55						
6	/						56						
7							57						
8							58						
9							59						
10		cancelled					60						
11							61						
12							62						
13							63						
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15		/					65						
16							66						
17		cancelled					67						
18							68						
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45							95						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	8						TOTAL IND.						
TOTAL DEP	22						TOTAL DEP						
TOTAL CLAIMS	30						TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)